

Handwritten signature/initials

CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 2-28-06

Mary Meegan
Mary Meegan

In Re Application of:

Bagley, et al.

Serial No.: **10/734,500**

Filed: **12-12-03**

For: **Articulating Stone Basket**

Group Art Unit: **3731**

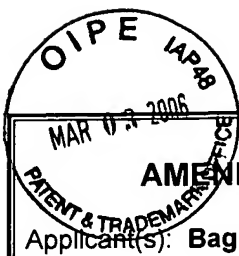
Examiner: **Pous, Natalie**

Docket No. **150-PDD-00-14DIV**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal
- First Response
- Petition for Extension of Time
- Terminal Disclaimer
- Information Disclosure Statement
- PTO Form 1449 and Cited References
- Change of Correspondence Address
- Authorization to Charge Credit Card in the Amount of \$760.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Bagley, et al.**

Docket No.

150-PDD-00-14DIVSerial No.
10734,500Filing Date
12-12-03Examiner
Pous, NatalieConfirmation No.
1614Group Art Unit
3731Invention: **Articulating Stone Basket****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith are the First Response, Extension of Time, Terminal Disclaimer and IDS in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input checked="" type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: Information Disclosure Statement and Terminal Disclaimer					\$310.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$760.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$760.00.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. _____.


David R. Risley, Reg. No. 39,3452/28/06
Date